

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE

OCCUPATIONAL THERAPIST
OCCUPATIONAL THERAPY ASSISTANT

DOPL-AP-043 REV 08/15/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit a copy of your National Board for Certification in Occupational Therapy (NBCOT) certificate as an OTR or COTA
2. Submit a completed "Supervision Affidavit" form, if applying for a temporary license.
3. Submit the letter from Exporior documenting your passing score on the Occupational Therapy Law and Rules and Examination.
4. Submit the \$60.00 non-refundable application fee for an occupational therapist or

occupational therapy assistant license or the \$110.00 non-refundable application fee for a temporary occupational therapist or temporary occupational therapy assistant license.

Additional Important Information:

1. Law and Rules Exam:

All applicants for licensure must pass the Occupational Therapy Law and Rules Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Occupational Therapy Licensing Act
- ☐ Occupational Therapy Licensing Act Rules

2. NBCOT Professional Examination:

To register to take the NBCOT qualifying examination for licensure as an occupational therapist or occupational therapy assistant contact NBCOT at (301) 990-7979 or www.NBCOT.org

3. License Renewal:

All licenses expire on May 31 of each odd-numbered year. Renewal notices are mailed to the address of record approximately 90 days prior to the expiration date. Licensees are responsible to keep their address current with the Division.

4. Temporary License:

A temporary license to practice under supervision of an approved OT may be issued for 10 months to an applicant who has met all the requirements for licensure except passing the NBCOT examination for OTR or COTA. Upon receipt of documentation of your NBCOT certification the Division will issue your license as an OT or OTA. A temporary license will not be renewed or extended.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6403
(801) 530- 6551

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: (____) _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR (Check one):

_____ Occupational Therapist

_____ Occupational Therapy Assistant

_____ Temporary License for Occupational Therapist

_____ Temporary License for Occupational Therapy Assistant

PROFESSIONAL EDUCATION:

1. Name: _____

Location: _____

Dates Attended: _____ to _____ Date of Graduation:

Degree Received: _____

2. Name: _____

Location: _____

Dates Attended: _____ to _____ Date of Graduation:

Degree Received: _____

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer "Yes" or "No"

_____ NBCOT Examination for OTR, Date passed

_____ NBCOT Examination for COTA, Date passed

_____ Occupational Therapy Law and Rules Examination, Date passed _____

OCCUPATIONAL THERAPY QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a licensed profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a licensed profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or

federal health care payment reimbursement program?

12. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
13. _____ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
14. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
15. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
16. _____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
17. _____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?
18. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
19. _____ Have you ever been terminated from a position because of drug use or abuse?
20. _____ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If the answer to any of the above questions is "YES", please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "Yes" answer does not necessarily mean that you will not be granted a license, however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:_____

Date of Signature:_____

Printed Name of Applicant:_____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741

SUPERVISION AFFIDAVIT

TO THE OCCUPATIONAL THERAPIST SUPERVISOR: Complete this form and return it to the applicant for submission with his/her application for temporary licensure. Do not begin supervision until the applicant has been approved for a temporary license.

Name of Applicant to be Supervised: _____

Name of Employing Facility: _____

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Name of Supervising OT: _____

Supervising OT License No.: _____

I attest to the following:

1. I have read the Occupational Therapy Practice Act law and rules and understand my responsibilities as a supervisor.
2. I have verified that the applicant has completed the education requirements for licensure in Utah and has applied to take the NBCOT Certification examination for OTR or COTA.
3. I will ensure that the applicant, when approved for temporary license, works only under my general supervision. (General supervision means that you are present in the area and immediately available).
4. I understand that it is unlawful to permit the applicant to continue to engage in occupational therapy services under my supervision on an expired temporary license.
5. I will ensure that the applicant complies with the Occupational Therapy Practice Act law and rules.
6. I understand that the Division will take disciplinary action against the license of any licensee who engages in unlawful or unprofessional conduct.

Signature of Supervising OT: _____

Date of Signature: _____